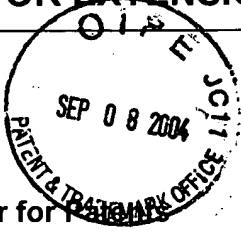



IFW

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)																
<div><p>ADDRESS TO:</p><p>Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450</p></div> <div></div>	<p>Attorney Docket No.: 03-910</p> <p>Application No.: 10/700,165</p> <p>Filing Date: November 3, 2003</p> <p>First Named Inventor: Beau Brauer</p> <p>Group Art Unit 3676</p> <p>Examiner Patricia L. Engle</p>															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/></td><td>One Month (37 CFR 1.17(a)(1))</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two Months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Three Months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Four Months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five Months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table>		<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$110.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$110.00														
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$														
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$														
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$														
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$														
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.</p>																
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED																
Name	Anthoula Pomrening															
Reg. No.	38,805															
Signature																
Date	September 2, 2004															

EXT (Rev. 1/3/01)

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